

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002	
TITLE OF CASE: _____	
AT ISSUE MEMORANDUM <input type="checkbox"/> COUNTER	CASE NUMBER: _____

Nature of Case:

- | | |
|---|--|
| <input type="checkbox"/> General Civil
<input type="checkbox"/> Collections
<input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Family Law
<input type="checkbox"/> Unlawful Detainer
<input type="checkbox"/> Other (Specify): _____ |
|---|--|

THE COURT IS REQUESTED TO SET THIS CASE FOR TRIAL

1. I _____, declare:
 - a. ☐ All essential parties have been served with process or have appeared and this action is at issue. I request that all unserved parties named in my pleading, except fictitiously named parties, be dismissed without prejudice.
 - b. ☐ All essential parties have not been served with process or appeared and this action is NOT at issue.
 - c. ☐ I represent a defendant and I believe this action is at issue and ready to be set for trial.
2. ☐ A jury trial is demanded (If a jury trial is demanded in a general civil case, trial must be set through the Case Management Conference).
3. Estimated time for trial: _____ hours _____ days
4. ☐ This case was referred to Alternative Dispute Resolution (ADR), and ADR proceedings have been concluded.
- * 5. For General Civil cases in which an early trial date is requested pursuant to Local rules 3.8 and 3.10, list dates not available for trial within the next 90 days:
- * 6. For other cases, with the exception of unlawful detainer cases, list dates not available for trial within the next 3-6 months:

**** 7. List all other names, addresses, and telephone numbers of attorneys for the parties or of parties appearing without counsel**

_____ _____ _____ _____	Representing: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-complainant <input type="checkbox"/> Cross-defendant Name: _____ Representing: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-complainant <input type="checkbox"/> Cross-defendant Name: _____
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- * If a Counter At Issue Memorandum is to be used only to indicate trial dates not available, complete paragraph 5 or 6 only, otherwise the entire form must be completed.
- ** The word "plaintiff" includes cross-complainant, "defendant" includes cross-defendant, and singular includes the plural.

(Continued on reverse)

CASE TITLE	CASE NUMBER:
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Representing:

- ☐ Plaintiff
 ☐ Defendant
☐ Cross-complainant
 ☐ Cross-defendant

Name:

Representing:

- ☐ Plaintiff
 ☐ Defendant
☐ Cross-complainant
 ☐ Cross-defendant

Name:

Representing:

- ☐ Plaintiff
 ☐ Defendant
☐ Cross-complainant
 ☐ Cross-defendant

Name:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:

(TYPE OR PRINT NAME)

(SIGNATURE)

PROOF OF SERVICE BY MAIL

(must be completed in full or At Issue Memorandum will not be accepted for filing)

At the time of mailing, I was at least 18 years of age, not a party to this cause and a resident of or employed in the county where the mailing occurred.

My residence or business address is (*specify*):

I enclosed a true copy of this notice of At Issue Memorandum and referenced documents in a sealed envelope by first-class, postage fully prepaid mail and depositing the envelope ☐ directly in the United States mail OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.

The envelope was addressed and mailed as follows:

- (1) Addressed as shown in item 7 above, ☐ and in attachment 8.
- (2) Date of mailing:
- (3) Place of mailing (*city and state*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)